TITLE: Reportable Adverse Events and Unanticipated Problems in Research

1.0 PURPOSE

This Standard Operating Procedure (SOP) describes the policies and procedures of the VA Central Institutional Review Board (IRB) for the reporting and review of adverse events and unanticipated problems involving risks to subjects or others. It includes reporting responsibilities of principal investigators/study chairs (PI/SCs), local site investigators (LSIs), and coordinating centers. In addition, it includes review and actions considered by the VA Central IRB in the evaluation of submitted reports.

2.0 REVISION HISTORY

Date of Initial Approval	March 16, 2009
Revision Dates	March 29, 2010

3.0 SCOPE

3.1 This SOP applies to all research projects under the oversight of the VA Central IRB. It includes, but is not limited to, the following individuals or committees: Principal Investigators/Study Chairs (PI/SCs), Local Site Investigators, Coordinating Centers, VA Central IRB members and administrative staff, local site Research and Development (R&D) Committee members and administrative staff, local site Research Compliance Officers (RCOs), and Institutional Officials (IO).

3.2 Other individuals or groups of individuals may have information that is applicable to this SOP and may also report unanticipated problems involving or suggesting risks to subjects or others. These individuals and groups include, but are not limited to, the following: subjects, subjects' family members, the local site VA patient relations office, an affiliated university, sponsors, regulatory and oversight agencies.

4.0 POLICY

4.1. The VA Central IRB requires reporting of all serious adverse events and problems involving, or suggesting risks to subjects or others for research projects overseen by the VA Central IRB within 5 business days after being made aware of the occurrence. Local site investigators are not required to report serious adverse or problems involving, or suggesting risks to subjects or others to the VA Central IRB that do not occur at their site. The VA Central IRB does not require reporting of an adverse events within 5 business days unless the adverse events could represent an unanticipated problem involving risks to subjects or others.

4.2 The VA Central IRB requires that all research projects under its purview have applicable written procedures within the investigational plan (e.g., protocol) to ensure the prompt reporting to the VA Central IRB of serious adverse events and problems involving or suggesting risks to subjects or others.

4.3 The VA Central IRB reviews all reported serious adverse events and problems involving or suggesting risks to subjects or others and determines if they require further reporting. If the submitted report is determined to be an unanticipated problem involving risks to subjects or others, the VA Central IRB will either report it directly to the applicable oversight agencies through the VA Central IRB Institutional Official or inform the VA Facility to report the event through its local Facility Director (VA Facility Institutional Official) as applicable.

4.4 The VA Central IRB will report any reportable adverse events or problems involving or suggesting risks to subjects or others that require reporting to the VA Office of Research Oversight (ORO), the Office for Human Research Protections (OHRP), and/or the FDA, incorporating each agency's reporting requirements as applicable. Reporting will be completed as described in VA Central IRB SOP 125, Reportable Action Reporting.

5.0 DEFINITIONS

See VA Central IRB SOP 128, Definitions Used in VA Central IRB SOPs.

6.0 RESPONSIBILITIES

6.1 The Local Site Investigators (LSIs) are responsible for reporting adverse events and problems involving or suggesting risks to subjects or others occurring at their site as follows:

6.1.1 Promptly notifying the VA Central IRB of all serious adverse events and completing any follow-up reports.

6.1.2 Promptly notifying the VA Central IRB of problems involving or suggesting risks to subjects or others and completing any follow-up reports. The notification should answer all three of the following questions:

- Is the problem unanticipated in terms of nature, severity, or frequency as described in the research protocol and other materials provided to and approved by the VA Central IRB?
- Is the problem related or possibly related to the subject's participation in the research?
- Does the problem place subjects or others at a greater risk of harm (including physical, psychological, economic, social, or legal harm) than was previously known or recognized?

6.1.3 Submitting summary information about adverse events and unanticipated problems involving risk to subjects or others to the VA Central IRB at the time of continuing review.

6.1.4 Submitting a copy of the VA Central IRB Form 119: Report of Serious Adverse Events and Unanticipated Problems (Attachment 1) to the PI/SC and to the VA Central IRB. The LSI may omit submitting a copy of this form to the PI/SC if contradicted based on study design (e.g. the PI/SC is blinded).

6.2 The Principal Investigator/Study Chair (PI/SC) is responsible for the following:

6.2.1 Submitting to the VA Central IRB any follow-up reports requested by the VA Central IRB following a report of a serious adverse event or an unanticipated problem involving risks, if the event was not already reported by the LSI.

6.2.2 Submitting summary information about adverse events and unanticipated problems to the VA Central IRB at the time of continuing review.

6.2.3 If the research project does not involve Local Site Investigators working under the direction of the Principal Investigator/Study Chair (e.g. single site research project, multi-site research project not requiring local site investigators), the PI/SC is responsible for fulfilling both LSI and PI/SC responsibilities.

6.3 The Coordinating Centers are responsible for the following:

6.3.1 In the event the Coordinating Center is the first to identify a serious adverse event or problem involving or suggesting risks to subjects or others, it is responsible for reporting to the PI/SC. The PI/SC is then responsible for reporting to the VA Central IRB. The Coordinating Center may also submit the report as long as the PI/SC has been notified and consulted.

6.3.2 Reporting all SAEs or problems involving or suggesting risks to subjects or others to the PI/SC as described in the study protocol or other operations document.

6.4 The VA Central IRB is responsible for the following:

6.4.1 During the initial review of a new project, the VA Central IRB must evaluate the potential risks to subjects, including the procedures for reporting of information relevant to subject protection (e.g. serious adverse events and problems involving or suggesting risks to subjects or others).

6.4.2 Within 5 business days after receipt of a report of a serious adverse event or problems involving or suggesting risks to subjects or others, a VA Central IRB Co-Chair, a voting VA Central IRB member designated by a VA Central IRB Co-Chair,

or the convened VA Central IRB must determine whether or not the reported problem or adverse event is a) serious, b) unanticipated, and c) related or possibly related to the research. Also, determinations will be made as to whether any immediate action is required to safeguard the subject rights or welfare.

6.4.3 The VA Central IRB is also responsible for determining at the time of continuing review whether new information has emerged, either from the research project itself or from other sources, that could alter the VA Central IRB's previous determinations to approve the research. This includes, but is not limited to, a review of information regarding adverse events and unanticipated problems that have occurred since the previous IRB review.

7.0 PROCEDURES

7.1 Reporting Procedures. PI/SC, LSIs, Coordinating Centers, or others as applicable, are responsible for reporting serious adverse events or problems involving, or suggesting risks to subjects or others to the VA Central IRB within five working days of becoming aware of the event. Notification will be made using the VA Central IRB Form 119: Report of Serious Adverse Events and Unanticipated Problems.

7.1.1 The following must be reported:

7.1.1.1 All SAEs. LSI's do not report SAEs occurring at other participating sites.

7.1.1.2 Problems involving or suggesting risks to subjects or others. Refer to VA Central IRB Form 119: Report of Serious Adverse Events and Unanticipated Problems for a detailed list.

7.1.2 The VA Central IRB has a secure SharePoint website for the reporting individual to load the VA Central IRB Form 119 and any other associated documentation. All PI/SCs, LSIs, and Coordinating Centers are given access to this site upon approval of a project. Others may be given access to the site for the purposes of loading a form by calling the phone number listed on the form. Reports may also be forwarded to the VA Central IRB Administrator or VA Central Project Coordinator via encrypted e-mail.

7.2 VA Central IRB Administrative Staff Procedures: Upon receipt of a VA Central IRB Form 119: Report of Serious Adverse Events and Unanticipated Problems, the VA Central IRB has five business days to complete a review. The report will be processed and reviewed as follows:

7.2.1 The VA Central IRB administrative staff tracks receipt of the VA Central IRB Form 119 on the VA Central IRB Form 124, VA Central IRB Tracking Log for Reports of Serious Adverse Events or Unanticipated or Unexpected Problems or Adverse Events (Attachment 2). Each report is assigned a tracking number based on calendar year and the order in which the report is received, i.e., P09-10. The "P" prefix

indicates a "Problem" is being tracked. These entries are recorded and tracked by calendar year. A new log is created on January 1st of each year.

7.2.2 An e-mail is sent to the reporting individual by a member of the VA Central IRB administrative staff acknowledging receipt of the VA Central IRB Form 119 and, if any information is incomplete, the missing information is requested to be sent immediately.

7.2.3 The VA Central IRB administrative staff then forwards the following materials to one of the VA Central IRB Chairs or a qualified IRB member designated by the IRB Chair via encrypted e-mail or loads the information to the secure VA Central IRB SharePoint site for review:

- VA Central IRB Form 119
- VA Central IRB Form 125, Reviewer Checklist for Serious Adverse Events and Unanticipated Problems Involving Risks to Participants and Others
- Any included supplemental materials, and
- The complete VA Central IRB research project file if not already available on SharePoint

7.3 VA Central IRB Co-Chair or Designated IRB Member Review: A VA Central IRB Co-Chair or a VA Central IRB member designated by the VA Central IRB Co-Chair conducts a review within 5 business days after receipt of the report to the VA Central IRB. If the VA Central IRB Co-Chair or Reviewer has a conflict of interest on declared on the applicable checklist (VA Central IRB Form 125), another reviewer is assigned.

7.3.1 The Reviewer makes the following three determinations for each reported serious adverse event or unanticipated problem involving risks to subjects or others as to whether the event is:

- Serious or not serious;
- Anticipated or unanticipated; and
- Related, possibly related, or probably not related to the research.

7.3.2 The Reviewer then must decide if further review by the convened VA Central IRB is required and makes one of the following determinations.

- Review by the convened IRB is required and action by the VA Central IRB Co-Chair or designated member is necessary to prevent a future harm to subjects;
- Review by the convened IRB is required but immediate action is not necessary to prevent a future harm to subjects; or
- Review by the convened IRB is not required.

7.3.3 The VA Central IRB Co-Chair or designated VA Central IRB member decides upon one or more of the following actions:

- Request additional information;
- Determine if noncompliance is involved (Noncompliance is reported and investigated per VA Central IRB SOP 118, Reporting and Investigating Protocol Deviations and Non-Compliance)
- Suspend approval of the research per VA IRB SOP 119, Suspension or Termination of Projects. This can be recommended by the designated reviewer but only acted upon immediately by the VA Central IRB Co-Chair
- Request notification of current participants immediately;
- Request additional information be provided to current participants (e.g., require the LSI to re-consent current participants; information letter);
- Request additional information be provided to past participants
- Request modification of the protocol;
- Request modification of the information disclosed during the consent process;
- Modify the continuing review schedule;
- Require additional training of the PI/SC or LSI;
- The Central IRB will monitor the research;
- The Central IRB will monitor the consent process;
- Refer to other organizational entities;
- Indicate no further action is needed.

7.3.4 These determinations will be documented by a VA Central IRB Co-Chair or designated VA Central IRB member on the reporting form submitted by the LSI or PI/SC (VA Central IRB Form 119).

7.3.5 The PI/SC and/or LSI(s) and the VA Facility Point of Contact(s) (as applicable) will be notified of the VA Central IRB determinations no later than 5 business days after initial receipt of the report. After the determinations are made, correspondence will be prepared by the VA Central IRB Administrative Staff indicating the determination. This will be loaded onto the secure SharePoint site or sent via encrypted e-mail, along with a copy of the completed VA Central IRB Form 119 that has been signed by the VA Central IRB Co-Chair.

7.3.6 Determinations made by a VA Central IRB Co-Chair or designated IRB member will be reported to the convened IRB on the agenda of the VA Central IRB's next convened meeting. Determinations made by a special Convened VA Central IRB meeting (if required as determined by a VA Central IRB Co-Chair) will be documented in meeting minutes.

7.3.7 VA Central IRB administrative staff will update the VA Central IRB Form 124 indicating the final determination. All reports and correspondence are filed in the applicable VA Central IRB project file and a separate folder is also maintained of all reports filed in chronological order based on report number. A new file is started each calendar year.

7.4 VA Central IRB Review Procedures: If the report was referred by a VA Central IRB Co-Chair or designated reviewer to a convened VA Central IRB meeting, the following will take place:

7.4.1 A VA Central IRB Co-Chair or the designated VA Central IRB member who initially reviewed the submitted report becomes the Primary Reviewer. The VA Central IRB administrative staff ensures that the following materials are made available to the Reviewer either by encrypted e-mail or loaded onto the SharePoint site:

- VA Central IRB Form 125, Reviewer Checklist for Serious Adverse Events and Unanticipated Problems
- VA Central IRB Form 119, Report of Serious Adverse Events and Unanticipated Problems,
- Any included supplemental materials, and
- The complete VA Central IRB research project file

7.4.2 All other VA Central IRB members are given access on the secure SharePoint server to the following materials:

- VA Central IRB Form 119
- Any included supplemental materials, and
- Current IRB-approved informed consent form (if applicable)

Other members besides the Primary Reviewer may have access to all the materials if they so choose to review them by requesting access to the VA Central IRB administrative staff.

7.4.3 The VA Central IRB then makes the following determinations: whether the reported event or problem is serious or not serious; anticipated or unanticipated; and related, possibly related, or probably not related to the research. In making these determinations, the VA Central IRB can obtain additional information from the investigators to supplement the review. Upon making the determination, the VA Central IRB will take one or more of the following actions:

- Determine if noncompliance is involved (Noncompliance is reported and investigated per VA Central IRB SOP 118, Reporting and Investigating Protocol Deviations and Non-Compliance)
- Suspend or terminate VA Central IRB approval of the research in accordance with VA Central IRB SOP 119;
- Require modifications to the project. These modifications can include but are not limited to the following;
  - Request modification of the protocol;
  - Request modification of the information disclosed during the consent process. If the convened IRB determines modification of

informed consent is required, the IRB must also determine and document in the IRB minutes the following:
  - Whether or not current subjects must be notified,
  - When the notification must take place, and
  - How the notification will be documented.
- Request notification of previously entered participants;
- Request additional information be provided to current participants (e.g., LSI to re-consent subjects; information letter);
- Request additional information be provided to past participants;
- Modify the continuing review schedule;
- The Central IRB will monitor the research;
- The Central IRB will monitor the consent process;
- Refer to other organizational entities;
- Require additional training of the PI/SC or LSI;
- Indicate no further action is needed;
- Other actions as required by the VA Central IRB.

7.4.4 The reporting individual and the VA Facility's point of contact are notified in writing of the results of the review as per paragraph 7.3.5.

7.4.5 If the reported adverse event or problem requires reporting to federal agencies and other applicable individuals or agencies the procedures as detailed in VA Central IRB SOP, Reportable Action Reporting are followed.

7.4.6 The final determination of the VA Central IRB is documented in the minutes of the meeting and on the VA Central IRB Form 124. All correspondence and the VA Central IRB Form 119 are filed in accordance with paragraph 7.3.7.

8.0 REFERENCES

8.1 38 CFR 16, Department of Veterans Affairs, Protection of Human Subjects

8.2 VHA Handbook 1200.05, Requirements for the Protection of Human Subjects in Research

8.3 VHA Handbook 1058.01, Reporting Adverse Events in Research to the Office of Research Oversight

8.4 VHA Handbook 1108.04, Investigational Drugs and Supplies

8.5 Office for Human Research Protections Guidance on Reviewing and Reporting Unanticipated Problems Involving Risks to Subjects or Others and Adverse Events, dated January 15, 2007

8.6 21 CFR 56, U.S. Food and Drug Administration, Institutional Review Boards

3 Attachments
1. VA Central IRB Form 119, Report of Serious Adverse Events and Unanticipated Problems
2. VA Central IRB Form 124: VA Central IRB Tracking Log for Reports of Serious Adverse Events or Unanticipated or Unexpected Problems or Adverse Events (VA Central IRB Form 119)
3. VA Central IRB Form 125, Reviewer Checklist for Serious Adverse Events and Unanticipated Problems

I have reviewed and approved the content of this SOP.

K. Lynn Cates, MD
Director, PRIDE

Date: 4/2/2010

Report of Serious Adverse Events and Unanticipated Problems

VA Central IRB
VA Institutional Review Board for Multisite Studies

This form is be used to report all serious adverse events and problems or events that are unanticipated or unexpected to the VA Central IRB within 5 business days after being made aware of the occurrence.

I. Project and Reporting Individual General Information:

Title of Project:	
Name of Individual Submitting Report:	
Role of Individual Submitting Report: *(Please check one)* ☐ Principal Investigator/Study Chair ☐ Local Site Investigator ☐ Other:	
VA Facility Station Number: (If you are unsure, check here.) VA Facility Name:	Telephone:
VA Facility Address: Line 1: Line 2: Line 3: Line 4:	Email: Fax:

II. Type of Report and Location

1. Check all that apply to describe the reported adverse event or problem (see pages 6-7 for guidance):

- ☐ Serious Adverse Event: Unexpected
- ☐ Serious Adverse Event: Expected
- ☐ Unanticipated Adverse Device Effect (UADE)
- ☐ Unanticipated or Unexpected Problem or Adverse Event
  - ☐ serious
  - ☐ not serious
- ☐ Change in Protocol (Protocol Deviation or Violation) made to eliminate apparent immediate hazard to the research participant without prior VA Central IRB review and approval.
- ☐ Other (Specify):

2. Where did the Adverse Event or Problem occur?

- ☐ Local VA participating site submitting report
- ☐ Other VA participating site (Specify):
- ☐ External to VA participating site (Specify):
- ☐ Other (Specify):

3. Has a Data Safety and Monitoring Board (DSMB) or Data Monitoring Committee (DMC) reviewed the adverse event, incident, experience, or outcome (Choose one):

☐ N/A; Project does not have a DSMB or DMC.

☐ No, a review has not yet been conducted by the DSMB or DMC.

☐ Yes, a review has been conducted by the DSMB or DMC.

☐ Please check this box if the DSMB or DMC report is attached

4. Does the project involve a device or drug?

☐ Yes

Drug/Device Name(s):

☐ No

III. Description

1. What is the date the reported adverse event or problem occurred? ☐ Check if not applicable

2. Provide a description of the reported adverse event or problem. ☐ Copy of report attached

Please check one of the following:

☐ Resolved or ☐ Ongoing

3. Were any changes initiated without IRB approval to eliminate any apparent immediate hazard to a participant?

☐ No ☐ Yes. If yes, describe the change and indicate in Section IV if an amendment to the approved study is also being submitted.

4. Pertinent participant history (include age and gender). ☐ Check if not applicable

5. Treatment/Outcome of the reported event or problem.

Was the participant withdrawn from the project?

☐ Yes on _____(Date)

☐ No

☐ Not applicable

4. Relationship of reported adverse event or problem to research participation:

☐ Probably Not Related ☐ Possibly Related ☐ Related

IV. Actions Taken

1. Do you recommend changes in the project (e.g., protocol, informed consent form)?

   ☐ Yes ***If yes, please attach VA Central IRB Form 116, Request to Amend an Approved Project with the modified documents***

   ☐ No

2. Has the sponsor been notified of the adverse event or problem submitted in this report?

   ☐ Yes

   ☐ No

   ☐ Not Applicable

3. If the individual making this report is not the Principal Investigator/Study Chair, has the Principal Investigator/Study Chair received a copy of this report?

   ☐ Yes on date

   ☐ No

   ☐ Not Applicable

The PI/SC must receive a copy of this report unless it is not applicable or contraindicated by study design as described in the IRB-approved protocol (e.g., PI/SC is blinded).

V. Signature of Reporting Individual

I certify that this report is accurate and complete to the best of my knowledge.

_____ Date_____
Signature

_____
Printed Name

Submission Instructions

The VA Central IRB currently uses a secure SharePoint site for submission of adverse event reports and reports of unanticipated problems involving subjects or others. Since this is a limited access site, if you do not already have access and need to submit a report, please contact the PRIDE Technical Support Specialist at 202-461-1859 or the VA Central IRB Administrator at 202-461-1813 to obtain access and further instructions.

For any other questions, please contact the VA Central IRB staff by e-mail at va.central.irb@va.gov or at the following toll-free number: 877-254-3130.

FOR VA CENTRAL IRB OFFICE USE ONLY. GO TO SUBMISSION INSTRUCTIONS ON PAGE 5.

Date Received by VA Central IRB Office: _____(Month/Day/Year)

Date Sent to VA Central IRB Chair or Reviewer: _____(Month/Day/Year)

Please complete the following determinations:

☐ I do not have a conflict of interest or ☐ I do have a conflict of interest (Immediately notify the VA Central IRB Administrator

Based upon my review, this reported event or problem is:

1. ☐ Not Serious or ☐ Serious
2. ☐ Anticipated or ☐ Unanticipated
3. ☐ Probably Not Related or ☐ Possibly Related or ☐ Related

Is the Reported Adverse Event or Problem Serious, Unanticipated, and Possibly Related or Related to the Research?

☐ No
☐ Yes **A VA Central IRB Chair must report this to the Facility Director no later than 5 business days after determination.**

Date reported to VA Facility Director: _____by _____

Indicate whether Review by the Convened IRB is required:

☐ Review by the convened IRB is required. Immediate action must be taken to prevent hazards to subjects. ***Indicate in Additional Actions what immediate actions need to be taken.***

☐ Review by the convened IRB is required, but immediate action is not required to prevent an immediate hazard to subjects.

☐ Review by the convened IRB is not required.

Additional Actions or Recommendations:

☐ Request additional information

☐ Noncompliance may be involved

☐ Suspend IRB approval of the research ***A VA Central IRB Chair must report this to the Facility Director no later than 5 business days after determination.***

Date reported to VA Facility Director: _____by _____

☐ Notify current participating subjects immediately

☐ No further action is needed

☐ Other (e.g. modification of the protocol, informed consent disclosures, continuing review schedule; providing additional information to past participants; requiring current participants to re-consent to participation, monitoring of the research and/or consent process; referral to other organizational entities)

_____ Date_____
Signature of VA Central IRB Chair or IRB Reviewer

What are Serious Adverse Events?

Serious adverse events are adverse events in research that result in:

- Death
- A life-threatening experience
- Hospitalization (for a research participant not already hospitalized)
- Prolongation of Hospitalization (for a research participant already hospitalized)
- Persistent or significant disability or incapacity
- Congenital anomaly or birth defect, or
- The need for medical, surgical, behavioral, social, or other intervention to present any of the above

What are Unanticipated or Unexpected Problems or Adverse Events in Research?

An unanticipated or unexpected problem or adverse event in research is one that is unforeseen in terms of nature, severity, or frequency of occurrence as documented in the protocol or other materials approved by the IRB. This can include, but is not limited to the informed consent document, clinical investigator's brochure, and product labeling. The VA Central IRB is responsible for the review of problems or events that are unanticipated or unexpected problems and is responsible for making determinations whether the reported problem or event is an Unanticipated Problem Involving Risks to Participants or Others. Examples include:

- Adverse events, including problems or events in research, which in the opinion of the reporting individual are (a) not expected in terms of nature, severity, or frequency as documented in the research protocol or other materials provided to the IRB, (b) related or possibly related to participation in the research, and (c) places the participants or others at a greater risk of harm (including physical, psychological, economic, social or legal) or discomfort than was previously known or recognized
- In FDA regulated research, all adverse events that are (a) serious, (b) unexpected, and (c) related or possibly related to the treatment or intervention
- In FDA regulated research, any unanticipated adverse device effect (UADE) occurring during the research project
- Any change to the project taken without prior VA Central IRB review and approval to eliminate apparent immediate hazard to the research participant
- Interruptions of participant enrollment or other research activities due to concerns about the safety, rights, or welfare of human research participants, research staff, or others.
- Information that indicates a change to the risks or potential benefits of the research project. For example:
  - An interim analysis or safety monitoring report indicates that frequency or magnitude of harms or benefits may be different than initially presented to the VA Central IRB;
  - A paper is published from another research project that shows the risk or potential benefits of the research project may be different than initially presented to the VA Central IRB;
  - Safety information from the study sponsor or manufacturing company that indicates a change in the risk to human subjects that may be different than initially presented to the VA Central IRB.

What are Unanticipated or Unexpected Problems or Events in Research? (cont.)

- Information that indicates a change to the risks or potential benefits of the research project. For example:
  - An interim analysis or safety monitoring report indicates that frequency or magnitude of harms or benefits may be different than initially presented to the VA Central IRB;
  - A paper is published from another research project that shows the risk or potential benefits of the research project may be different than initially presented to the VA CIRB;
  - An external adverse event representing an unanticipated problem involving risks to subjects or others, such as safety information from the study sponsor or manufacturing company that indicates a change in the risk to human subjects that may be different than initially presented to the VA Central IRB.

- An incident, experience, or outcome that indicates participants or others might be at increased risk of harm. For example:
  - An accidental or unintentional change to the VA Central IRB-approved research project that placed one or more participants at increased risk, or has the potential to occur again.
  - A complaint from a participant that indicates unexpected risks or that cannot be resolved by the research team.
  - Incarceration of a participant during the participant's participation in the research project.
  - A change in FDA labeling or withdrawing from marketing of a drug, device, or biologic used in a research project that indicates a change in the risk to human subjects different from that presented to the VA Central IRB.
  - A breach of a participant's confidentiality or privacy that involves potential risk to the participant or others.
  - An event that requires prompt reporting according to the protocol or sponsor.
  - Sponsor-initiated suspension
  - Unauthorized use, loss, or disclosure of individually identifiable patient information
  - Any work-related injury to personnel involved in human research, or any research-related injury to any other person, requiring more than minor medical intervention or that leads to serious complications or death.
  - Any VA National Pharmacy Benefits Management (PBM) Bulletins or Communications (sometimes referred to as PBM Safety Alerts) relevant to one or more of the VA Facility's research projects.

VA Central IRB Tracking Log for Reports of Serious Adverse Events or Unanticipated or Unexpected Problems or Adverse Events

Calendar Year _____

Received	Report #	Project #	Site	Type of Report	Reporting Individual	Nature of Problem	Sent to Co-Chair	Returned by Co-Chair	Board Review Required?	Date of Board Review	Requires Reporting to Federal agencies	Date of Board Correspondence	Resolution Code

Resolution Codes:

- **1** -Project modified
- **2** -Informed consent modified
- **3** -Information to current participants
- **4** -Information to past participants
- **5** -Reconsenting
- **6** - Continuing Review Interval Altered
- **7** - Observation of Consent Process
- **8** - Additional Investigator Training
- **9** - Approval Suspended
- **10** - Approval Terminated
- **11** -Reported to Federal Agencies
- **12** -No Action Taken
- **13** -Other

Reviewer Checklist for Serious Adverse Events and Unanticipated Problems

VA Central IRB
VA Institutional Review Board for Multisite Studies

I. Project Information (*To be completed by VA Central IRB Coordinator*)

VA Central IRB Number	
Title of Project	
Principal Investigator/Study Chair	
Reporting Individual	
Date of Report	
Reviewer	**If the assigned reviewer has a Conflict of Interest, do not proceed. Go to Section III and check the applicable box.**

II. Report Evaluation

The reviewer must answer each of the following questions.	**YES**	**NO**
1. Is additional material needed from the reporting individual to evaluate the reported event or problem?	☐	☐
2. Is the reported event or problem serious?	☐	☐
3. Is the reported event or problem unanticipated?	☐	☐
4. Is the reported event or problem related or possibly related to participation in the research?	☐	☐
5. Does the reported event or problem place participants or others at a greater risk of harm (including physical, psychological, economic, social, or legal harm) than was previously known or recognized?	☐	☐
6. Were actions taken in response to the reported event or problem? If yes, were the actions appropriate?	☐ ☐	☐ ☐
7. Does this project continue to meet criteria for IRB approval?	☐	☐

Comments:

III. Reviewer Recommendations

The reviewer must make one or more of the following recommendations (check all that apply)

☐ I have a conflict of interest and am returning this checklist without review.

☐ Obtain additional information to supplement the VA Central IRB review.

☐ The reported event or problem represents an unanticipated problem involving risks to participants or others.

☐ Modify the protocol.

☐ Modify the information disclosed during the consent process. If this box is checked, also check one of the boxes below:

- ☐ Previously enrolled participants do not require notification.
- ☐ Previously enrolled participants must be notified. If this box is checked, please specify:
  - Method of notification (e.g., re-consent with modified informed consent, information letter):
  - Timeline for notification (enter suggested notification timeline: e.g., contact participant by phone and send information letter within 30 days):
  - Method for documentation of notification (e.g., copy of informed consent documents to IRB at continuing review, letter from PI/SC or LSI following completion of notification)?

☐ Provide additional information to current participants. If this box is checked, also answer:

- ☐ Reconsent with modified informed consent document.
- ☐ Information letter.
- ☐ Other:

☐ Modify the continuing review schedule.

☐ Monitor the research.

☐ Monitor the consent process.

☐ Refer to other organization entities.

☐	Require additional training of the PI/SC or LSI.
☐	Suspend VA Central IRB approval of the research.
☐	Terminate VA Central IRB approval of the research.
☐	Take no action.
☐	Other actions recommended:
Comments:	
_____ Signature of Reviewer	Date: _____